

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043178

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 216

FILED DEC 10 1962
1. PLACE OF DEATH
a. COUNTY Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Webb City Length of stay in 1b
1 Wk.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Jane Chinn Hospital Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jasper

c. CITY OR TOWN Webb City Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
805 Wilson Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED First Middle Last
(Type or print) Chester Lewis Redmon

4. DATE OF DEATH Month Day Year
Dec. 3, 1962

5. SEX M

6. COLOR OR RACE W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 5/18/1896

9. AGE (last birthday) 66

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Brick Mason

10b. KIND OF BUSINESS OR INDUSTRY
Contractor

11. BIRTHPLACE (City and state or country)
LaPlatte, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Lewis Solomon Redmon

13b. MOTHER'S MAIDEN NAME
Lucy Young

14. NAME OF ~~HUSBAND~~ OR WIFE
Mary Alice Redmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO. 6

17. INFORMANT Address
Mary Alice Redmon, Webb City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Aortic Dissection
Due to long standing
hypertension from Esophageal Varicose

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-19-62 to 12-3-62 and last saw him alive on 12-2-62
Death occurred at 12-3-62 8:50A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. F. Gregory DO (Degree or title)

22b. ADDRESS Webb City, Mo.

22c. DATE SIGNED 12/5/62

23a. BURIAL, CREMATION, REMOVAL, (Specify)
Burial

23b. DATE 12/5/1962

23c. NAME OF CEMETERY OR CREMATORY
Webb City Cemetery,

23d. LOCATION (City, town, or county)
Webb City,

(State)
Missouri

24. FUNERAL DIRECTOR ADDRESS
Hedge-Lewis Funeral Home
Webb City, Mo.

25. DATE RECD. BY LOCAL REG.
12-5-62

26. REGISTRAR'S SIGNATURE
Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

10495
20495

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94621

10

11

121-2

131-0

DEC 13 1962

JAN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard G. Lewis

Licensed Embalmer No. 4495

P. O. Address Webb City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.